REPORT
of the
DEPUTY MINISTERS of HEALTH, HOUSING, SOCIAL SERVICES
on
COORDINATED HOME CARE

EXECUTIVE SUMMARY

APRIL, 1987

Nova Scotia
Department of Health
Department of Housing
Department of Social Services

EXECUTIVE SUMMARY

COORDINATED HOME CARE

Mandate

In the Throne Speech of February 27, 1986, the Nova Scotia Government announced that it had designated an interdepartmental committee of the Deputy Ministers of Health, Housing and Social Services to coordinate a comprehensive Home Care Program for Nova Scotia. The Interdepartmental Committee, in association with the Senior Citizens Secretariat and the Senior Citizens Commission, consulted appropriate volunteer, church, community and disabled persons organizations concerning the most suitable coordinated Home Care Program for the Province. The committee also considered research material relating to home care in Nova Scotia and elsewhere in Canada. The following is a summary of the findings along with a recommended design for a coordinated Home Care Program for Nova Scotia.

Existing Home Care Services in Nova Scotia

A number of home care services are currently available throughout Nova Scotia (see Maps):

- Home nursing is available throughout the Province from the Department of Health's Community Health Units and from the Victorian Order of Nurses.
- Homemaker Agencies will soon serve all but five of the Province's sixty-six municipalities. These agencies are partly funded by the Department of Social Services and partly by other sources, including the municipalities.
- Volunteer groups deliver meals-on-wheels, and provide friendly contact and many other services.
- The Department of Housing provides grants that enable people to repair or renovate their homes.
- In Halifax and Dartmouth, the civic governments coordinate home care services chiefly for recipients of Social Assistance.
- Some hospitals provide health services to patients at home.

PROVINCIAL EXPENDITURES ON HOME CARE-RELATED PROGRAMS, 1985-86

Housing

1.	Senior Citizens Assistance	$5,712,000
2.	Provincial Housing-Emergency Repair	800,000
3.	Small Loans Assistance	750,000
4.	Access-a-Home	115,000
5.	Senior Citizens Public Housing - existing (Provincial Portion)	3,022,000
6.	Family Public Housing - existing (Provincial Portion)	1,617,900
7.	Senior Citizens Public Housing - new (1985)	9,297,600
8.	Family Public Housing - new (1985)	5,968,400
TOTAL		**$27,282,900**

Health

9.	Community Health Services Home Care Nursing	1,240,100
10.	Special Projects (VON Pictou County & Martha Home Health Antigonish County)	63,500
11.	Home Care Services Provided by Hospitals	800,700
12.	Discretionary Grants (VON & Arthritis Society)	625,000
13.	Psychiatric Services - Home Visits	N/A
14.	MSI - Pharmacare	39,400,000
TOTAL		**$42,129,300**

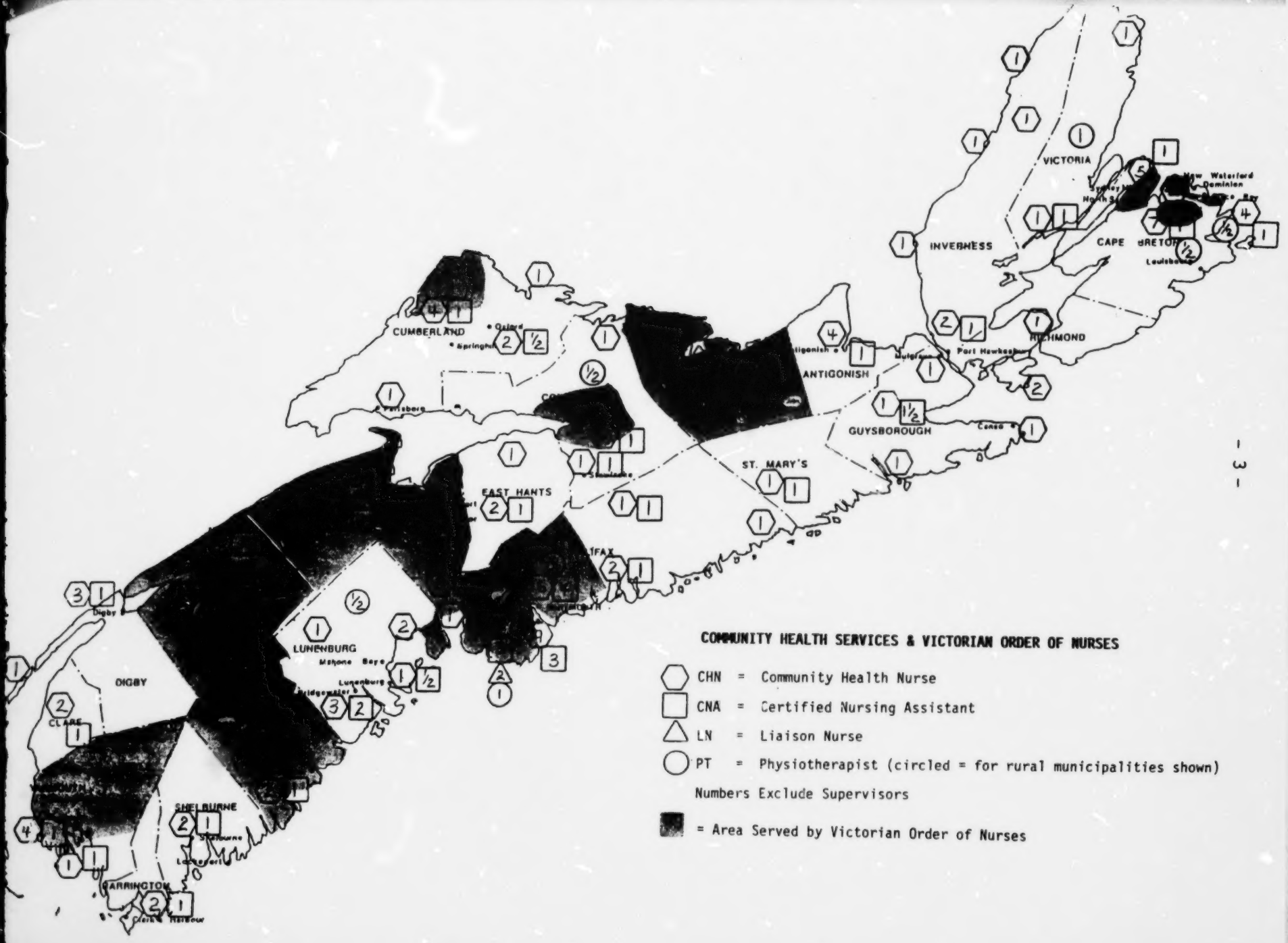
Social Services

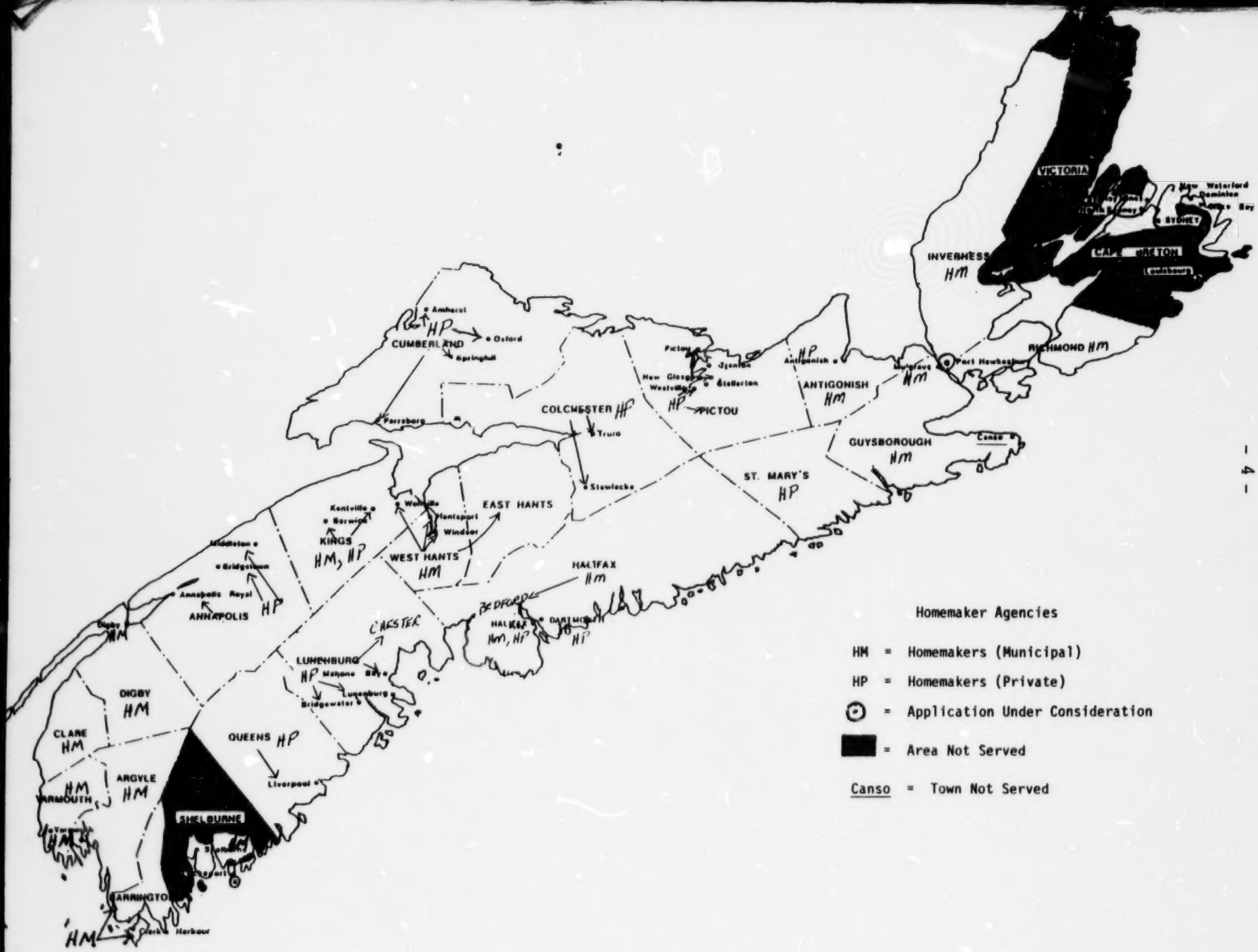
15.	Special Social Assistance	10,500,000
16.	Property Tax Rebate	3,020,000
17.	Rental Assistance	1,060,000
18.	Homemakers Services	2,438,800
19.	Expanded Homemakers (Home Life Supports)	330,900
20.	Demonstration Grants (Home Life Supports)	130,300
21.	In-Home Supports	593,700
22.	Homemakers Services Administration	67,400
TOTAL		**$18,141,100**

Development

23.	Provincial Employment Program	1,888,000
GRAND TOTAL		**$89,441,300**

All costs are 1985/86 forecast figures, and are before cost-sharing, except where stated otherwise.


VICTORIA
INVERNESS
CAPE BRETON
RICHMOND
ANTIGONISH
GUYSBOROUGH
ST. MARY'S
CUMBERLAND
EAST HANTS
HFAX
LUNENBURG
DIGBY
CLARE
SHELBURNE
BARRINGTON
COMMUNITY HEALTH SERVICES & VICTORIAN ORDER OF NURSES
CHN = Community Health Nurse
CNA = Certified Nursing Assistant
LN = Liaison Nurse
PT = Physiotherapist (circled = for rural municipalities shown)
Numbers Exclude Supervisors
= Area Served by Victorian Order of Nurses



Homemaker Agencies

HM = Homemakers (Municipal)

HP = Homemakers (Private)

⊙ = Application Under Consideration

■ = Area Not Served

Canso = Town Not Served

Home Care Programs in Other Provinces

Coordinated Home Care Programs exist in all jurisdictions of Canada, except the Yukon. The areas served by the Program may, however, be limited and frequently separate programs serve different client groups in the same province. The range of services offered also varies but usually includes a core of nursing and homemaker services. None of the programs charges for health services. In a number of cases, however, there are charges for homemakers and other services.

What Nova Scotians Say

Consultation with Nova Scotians over the summer and fall of 1986 confirmed that a wide range of home care services currently exist in Nova Scotia. The chief points urged during the consultations were:

- The top priority is the coordination of existing home care services;
- This coordination should be performed at the provincial level by a distinct and highly visible organizational entity;
- There should be a single entry point to apply for service at the local level;
- The program should include assessment and coordination of delivery of homemaking, home nursing, physiotherapy and attendant care;
- The assessment and service delivery functions should be performed by different, not the same, agencies;
- The funding of home care should be primarily a provincial/federal responsibility, though some municipal contributions should be expected and individuals in the position to do so should make some contribution to the cost of their non-health care;
- The participation of volunteers in providing services to the Home Care Program is seen as essential, and should be vigorously promoted.

A COORDINATED HOME CARE PROGRAM FOR NOVA SCOTIA

Coordinated home care may be defined as:

> The coordinated delivery of a range of health, housing and social services to meet the needs of persons who require assistance or support in order to remain at home or whose functioning without coordinated home care is likely to deteriorate, making it impossible for the person to stay at home in the community.

In developing the proposed program a number of options were considered. These ranged from a minimal response consisting of the introduction of a single toll free number and a Province-wide set of standards for service, to the development of a separate home care agency which is here recommended by the Deputy Ministers. It should be noted that experience elsewhere indicates that once a Home Care Program is established, demand for service quickly increases and costs rise accordingly.

The following factors were taken into consideration in developing the proposed coordinated Home Care Program:

- The program should make maximum use of existing services, administrative structures and financial arrangements.
- Coordination should be implemented at three levels - provincially, locally and for each individual case.
- A coordinated Home Care Program should be highly visible and easily accessible to the general public.
- Implementation should begin with the Province-wide provision of a core of nursing and homemaker services with other related services included where available.
- The importance of volunteer services to the program should be recognized and promoted.

Client Group

The Home Care Program would be available to Nova Scotians in need of one or more of the core services, while taking into account the amount of care that can be provided by available resources. As a guideline, the cost in any individual case of providing home care services should not exceed the cost of similar services in an institution. Experience shows that senior citizens and disabled persons are the primary users of home care, with the seniors constituting 60-85 percent of clients.

The minimum number of persons receiving service from a coordinated Home Care Program would be the number currently being served by the separate programs, which would mean that not all the demand for coordinated service would be met. It is not possible to determine the total number of clients served at home by nurses because the statistics available record the total number of visits rather than the total number of persons served. It is estimated that homemakers agencies serve about 3,000 clients.

It has been estimated that the maximum number of persons requiring service would be 2 percent of the total population. Approximately 8,000 would require nursing services, and 10,400 would require homemakers services.

The Administrative Structure

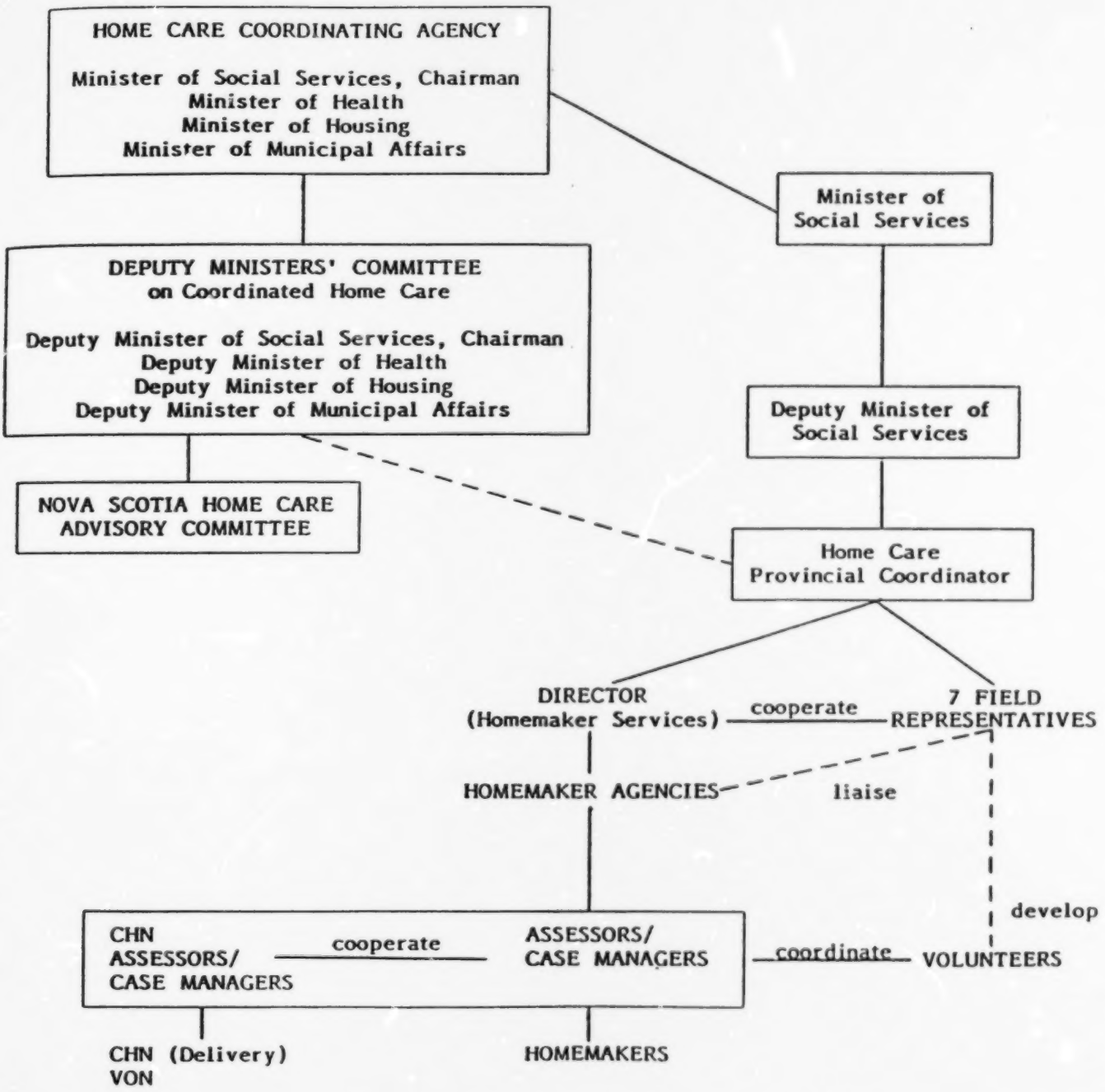
It is recommended that the Home Care Program be delivered through a new Home Care Coordinating Agency comprising the Ministers of Social Services, Health, Housing, Municipal Affairs and other Ministers as necessary, and to be chaired by the Minister of Social Services. (See attached organization charts). The administration of the program would be the responsibility of the Department of Social Services.

Homemakers agencies would be the principal points of entry to the Home Care Program and would be responsible for coordinating assessments and case management. As well, the homemakers agencies would be responsible for completing the social service assessment. In Halifax and Dartmouth, where more than one agency delivers homemaking services, it is recommended that the municipalities continue to coordinate service delivery. Staff of the Community Health Division of the Department of Health will be involved in completing health assessments throughout the Province and in providing nursing care in those areas of the Province where they now have this responsibility.

Home Care Staff

- Home Care Coordinator (Executive Director level)
- Director of Homemakers Services
- Assistant Coordinator
- Statistical Clerk
- Seven field representatives

A Home Care Advisory Committee composed of representatives of professional organizations; homemakers agencies; volunteer groups; e.g. Royal Canadian Legion, churches; client groups, e.g. disabled and seniors; and other interested organizations should be established. This Committee will provide advice to the Deputy Ministers Committee. As well, formal and informal consultation will take place at the local level with agencies, volunteer organizations and groups representing clients of service.



COMMUNITY HEALTH NURSES (CHN'S) CONTINUE TO BE TIED TO THE HEALTH SYSTEM.

Services

Initially, existing services should be coordinated. These include homemaking, home nursing and volunteer services. The Provincial Coordinator will be responsible for ensuring as a priority that the core services of homemaking and home nursing are available Province-wide by facilitating the development of these services in those areas where they do not currently exist.

Services provided by volunteer groups will be an essential part of the Home Care Program. Volunteers across the province already provide a variety of services to assist persons who need support to remain in their own homes. The Home Care Program will provide opportunities for these services to be coordinated with the other components of the program so as to better meet the needs of individuals requiring service.

Because the availability of volunteer services varies from community to community, the Home Care Program will assist communities to identify service gaps and needs and promote the development of new services as needed. It is essential that the importance of volunteers to the success of a Coordinated Home Care Program be recognized and promoted.

Coordination

(a) Central - This will be the responsibility of the Provincial Coordinator and will involve consultation with other government departments and provincial organizations responsible for services to be included in the Home Care Program.

(b) Local - Responsibilities for local coordination will be divided between the Provincial Coordinator acting through the field representatives and the homemakers agencies. In those communities where there is not already coordination, the field representatives will be responsible for identifying services to be included in the Home Care Program and making arrangements for the providers of these services to work cooperatively with the program. The field representatives will also be responsible for working with communities to develop new services where needed. Responsibility for coordination will remain with the homemakers agencies in those communities where those agencies are already working closely with other community agencies.

(c) Case - Homemakers agencies will be responsible for identifying, coordinating and monitoring services for individual clients. These agencies will be the primary point of entry to the Home Care Program and will be responsible for completing the social service assessment. Where a health assessment is required, referral will be made to the Community Health Nurses in the area, and the two services will work cooperatively in developing a case plan and coordinating services.

Funding

The budget of the Home Care Coordinating Agency should include funds required for homemaking and home nursing services. There will be no change in the funding arrangements for homemakers agencies. Agencies would continue to receive a grant based upon the formula currently used. The cost of health assessments, to be completed by the Community Health Nurses, will be funded by the Department of Health. The cost of the nursing service provided by the Community Health Nurses will be paid by the Home Care Division through a charge-back. Similarly, the cost of nursing care provided by other nursing agencies, such as the VON or Comcare, will be paid by the Home Care Division.

Health services should be provided free of charge but clients should contribute toward the cost of homemaker services according to a scale based on income and family size. The fee schedule should be developed in cooperation with the homemakers agencies and to meet the requirements of Canada Assistance Plan for federal cost-sharing.

Costs

Two estimates of costs, based on minimum and maximum caseloads, have been completed. Minimum costs reflect no expansion of service except the extension of homemakers service into those areas of the Province where they do not now exist. However, the demand for services is likely to increase with the introduction of a highly visible, easily accessible Home Care Program and budgeting for the program should take this into consideration.

The following cost estimates exclude recoveries from any fees received from clients and administrative costs associated with billing. As well, there is no provision for increased funding for the administration in homemakers agencies where there may be increased costs because of additional administrative responsibilities.

Implementation

It is essential that sufficient time be allowed for implementation of the Program. The Provincial Coordinator and field representatives should have at least a year to arrange for coordination of services, negotiate with agencies whose services are to be included in the program, and resolve the numerous issues which will arise during this process. During this time, existing services would continue to be delivered as they are now and homemakers services would be extended to those areas not currently served. The additional cost during the first full year of operation we estimate would be $867,000 gross, $758,500 net. The following are some but not necessarily all of the tasks which must be undertaken:

- Identify all available services which are to be included in the program in each area of the Province and begin discussions with agencies, municipalities, hospitals, volunteers and groups responsible to gain their cooperation;

- Negotiate with homemakers agencies regarding their role in the Home Care Program;

- Negotiate with the Department of Health for the provision of nursing services in those areas of the Province to be served by them;

- Negotiate with municipalities concerning their continued participation in the funding and in many instances the delivery of homemakers services;

- With the assistance of the Department of Health, negotiate with VON, Comcare, etc., concerning levels of service and rates of remuneration in those areas of the Province served by such agencies other than the Department of Health;

- Develop homemakers agencies or make other arrangements for the provision of homemakers services in those areas of the Province where these do not currently exist;

- Develop policies, standards and procedures in consultation with the relevant agencies to ensure that standardized services are available province-wide;

- Design procedures and forms for assessment;

- Develop a fee structure for appropriate clients for homemaker service components of the Home Care Program, in cooperation with the homemakers agencies.